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FACSIMILE TRANSMISSION**CONFIDENTIAL****DATE:** November 8, 2004**CLIENT NO.:** 24498**To:**

| NAME | FAX NO. | PHONE NO. |
|----------------------------------|----------------|-----------|
| Commissioner for Patents - USPTO | (703) 872-9306 | |

FROM: Robert A. Hulse, Reg. No. **PHONE:** (415) 875-2444
48,473

| | |
|-------------------------------------|--------------------------|
| NUMBER OF PAGES WITH COVER PAGE: 10 | ORIGINAL WILL NOT FOLLOW |
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MESSAGE:

Attached are Revocation and Substitute Power of Attorney forms in the following applications/patents:

| | |
|------------|------------|
| 10/861,816 | 10/384,374 |
| 60/583,834 | |
| 6,271,917 | |
| 6,388,794 | |
| 09/869,371 | |
| 10/062,607 | |
| 09/848,614 | |

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24498/09463/SF/5131797.1

| | | | | |
|--|---|--|--------------------|-----|
| TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i> | | U.S. Department of Commerce Patent and Trademark Office | Application Number | N/A |
| | | Filing Date | N/A | |
| | | First Named Inventor | N/A | |
| | | Examiner | | |
| | | Group Art Unit | | |
| Total Number of Pages in This Submission | 9 | Attorney Docket Number | | |

| ENCLOSURES (check all that apply) | |
|---|---|
| <input type="checkbox"/> Fee Transmittal Form (in duplicate) | <input checked="" type="checkbox"/> Revocation and Substitute Power of Attorney |
| <input type="checkbox"/> <input type="checkbox"/> Check Enclosed | 10/881,816 |
| <input type="checkbox"/> Return Receipt Postcard | 60/583,834 |
| <input type="checkbox"/> Response to Notice to File Missing Parts | 6,271,917 |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | 6,388,794 |
| <input type="checkbox"/> Declaration | 09/869,371 |
| <input type="checkbox"/> Power of Attorney | 10/062,607 |
| <input type="checkbox"/> Application Data Sheet | 09/848,814 |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A | 10/384,374 |
| <input type="checkbox"/> <input type="checkbox"/> Copies of IDS Cited References | _____ |
| <input type="checkbox"/> Request for Corrected Filing Receipt | _____ |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | _____ |
| <input type="checkbox"/> Amendment/Response: [] Page(s) | _____ |
| <input type="checkbox"/> <input type="checkbox"/> After Final | _____ |
| <input type="checkbox"/> Status Request | _____ |
| <input type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos. | _____ |

| | | | |
|---------------------------------------|---|--------|------------------|
| SIGNATURE OF ATTORNEY OR AGENT | | | |
| Signature: |  | | |
| Attorney/Reg. No.: | Robert A. Hulse, Reg. No. 48,473 | Dated: | November 8, 2004 |

| | | | |
|--|---|--------|------------------|
| CERTIFICATE OF FACSIMILE TRANSMISSION | | | |
| I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below. | | | |
| Signature: |  | | |
| Typed or Printed Name: | Robert A. Hulse | Dated: | November 8, 2004 |
| Facsimile Number: | 1-703-872-9308 | | |

**REVOCATION OF POWER OF
ATTORNEY AND NEW POWER OF
ATTORNEY AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------------|
| Application Number | 09/848,614 |
| Filing Date | May 3, 2001 |
| First Named Inventor | Thomas W. Hagler |
| Art Unit | 2877 |
| Examiner Name | Zandra V. Smith |
| Attorney Docket Number | 24498-09461 |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:



Practitioners at Customer Number

00758

OR



Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:



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00758

OR

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| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |

I am the:

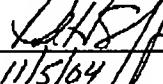


Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Paul Salsgiver |
| Title | President and CEO |
| Signature |  |
| Date | 11/5/04 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of One form is submitted.

24498-09461/SF/5131209,1